

3 5M 8-16-35

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth Hayden, Ariz County Gila

(Registration District)

No. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Boy			

DATE OF BIRTH* May 1st 1928
(Month) (Day) (Year)

FULL NAME FATHER

Sidney Albert Acton

FULL MAIDEN NAME MOTHER

Ruth Elliott Akera

I HEREBY CERTIFY that the child described herein has
been named

Berton Wilfred Acton
(Give name in full) (Surname)

Ruth Elliott Akera
(Parent's Signature)

(Signature of Physician or Midwife)

These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

215-501-912